

APPLICATION FOR DISASTER CALFRESH

Disaster benefit period: _____ to _____

COUNTY USE ONLY	
CASE NUMBER	
WORKER	
DATE RECEIVED	

IMPORTANT INFORMATION - READ CAREFULLY

YOUR RIGHTS AS AN APPLICANT OR RECIPIENT:

- To be served without regard to race, color, national origin, religion, political affiliation, sex, handicap, or age, and to file a complaint if you feel you have been discriminated against.
- To get Disaster CalFresh benefits within one to three calendar days of the date the application is filed, if you are eligible.
- To talk about any action regarding your case with the County Welfare Department and to ask for a state hearing within 90 days of approval or denial of application.
- To have an immediate review by a supervisor if your application is denied.
- To file a complaint or ask for a state hearing by writing to your County Welfare Department or by calling toll-free 1-800-952-5253. The toll-free number for the deaf (TDD) is 1-800-952-8349.
- To represent yourself at a state hearing or be represented by a household member, friend, attorney, or any other person.
- To have another member of your household, or another adult who knows you, complete this application. If it is completed by an adult who is not a member of your household, attach written approval signed by the head of household or another adult household member.

YOUR RESPONSIBILITIES AS AN APPLICANT OR RECIPIENT:

- Answer the questions truthfully and completely, the best you can. If you refuse to provide any of the needed information, you will not get Disaster CalFresh benefits.
- At your interview, you must verify the identity of the head of household, the identity of the person completing the application, and if possible, proof of the household's residence and/or work address at the time of the disaster.
- You must cooperate with county, state and federal staff if you are selected for a review after the disaster period.

- You can authorize someone to receive, or use your Disaster CalFresh benefits. If you would like to authorize someone, complete the information below:

NAME OF AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER
ADDRESS INCLUDING CITY AND ZIP CODE	

- | | |
|--|--|
| <input type="checkbox"/> PICK UP EBT CARD ONLY | <input type="checkbox"/> PICKUP EBT CARD TO PURCHASE
FOOD FOR HOUSEHOLD |
|--|--|

PENALTY WARNING!!

IF YOUR HOUSEHOLD GETS DISASTER CALFRESH BENEFITS, YOU MUST FOLLOW THE RULES LISTED BELOW. FAILING TO REPORT INFORMATION OR MISREPRESENTATION OF FACTS CAN RESULT IN LEGAL PROSECUTION WITH PENALTIES OF A FINE, IMPRISONMENT OR BOTH. THE PENALTIES CAN RESULT IN DISQUALIFICATION FROM THE PROGRAM, FINES UP TO \$250,000 OR IMPRISONMENT FOR UP TO 20 YEARS. THE DISQUALIFICATION PENALTIES ARE 12 MONTHS FOR THE FIRST VIOLATION, 24 MONTHS FOR THE SECOND VIOLATION, AND PERMANENT DISQUALIFICATION FOR THE THIRD VIOLATION.

- Do not give false information or withhold information to get Disaster CalFresh benefits.
- Do not trade or sell your Disaster CalFresh benefits, or any other issuance device.
- Do not alter your EBT card or any other issuance device to get Disaster CalFresh benefits you are not entitled to receive.
- Do not use Disaster CalFresh benefits to buy ineligible items such as alcoholic drinks and tobacco.
- Do not use someone else's EBT card, or any other issuance device for your household.

INSTRUCTIONS: Please complete the questions on this form for your expected circumstances during the disaster benefit period shown above.

NAME (HEAD OF HOUSEHOLD)

PERMANENT HOME ADDRESS AT TIME OF DISASTER

TELEPHONE NUMBER

TEMPORARY ADDRESS

TELEPHONE NUMBER

MAILING ADDRESS

TELEPHONE NUMBER

WORK ADDRESS AT THE TIME OF DISASTER

TELEPHONE NUMBER

PART A - HOUSEHOLD SITUATION. (You must check Yes or No for each question)

1. Was anyone in your household living ☐ working ☐ or both ☐ (check appropriate box) in the disaster area at the time of the disaster?
2. Are you unable to get to your household's income or cash resources? ☐ YES ☐ NO
3. Have your income or cash resources been lowered, delayed or stopped because of the disaster? ☐ YES ☐ NO
4. Will you be buying food and preparing meals during the disaster benefit period? ☐ YES ☐ NO

COUNTY USE ONLY

☐ Disaster Application
Can the identify of the authorized representative be verified?
☐ YES ☐ NO
Type of verification:

Can the head of household's identify be verified?
☐ YES ☐ NO
Type of verification:

Is permanent residence in disaster area?
☐ YES ☐ NO
Type of verification:

Is work address in the disaster area?
☐ YES ☐ NO
Type of verification:

Can the household's residence be verified?
☐ YES ☐ NO
Type of verification:

PART B - HOUSEHOLD MEMBERS

5. List the names of all persons applying for Disaster CalFresh benefits. Include only persons who were living with you at the time of the disaster. If you are temporarily staying with another household because of the disaster, do not list members of that household. *Telling your Social Security Number (SSN) is voluntary. It will be used for identification purposes only.

NAME (HEAD OF HOUSEHOLD) (HH)		SSN*	BIRTHDATE
a.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
b.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
c.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
d.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
e.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
f.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
g.			

COUNTY USE ONLY

Household size for the number of persons listed in 5 _____

PART C - INCOME/RESOURCES/EXPENSES

6. a. What is the total amount of take home pay or other income all persons listed above have received or will get during the disaster benefit period? \$ _____
- b. List all your income sources: _____

7. List all cash resources the persons listed above will be able to get to during the disaster benefit period. Do not include any money listed in number 6.

Cash on Hand	Savings Accounts	Checking Accounts	Other
\$ _____	\$ _____	\$ _____	\$ _____

8. Enter the amount of expenses for losses or damages related to the disaster which you have paid or expect to pay during the disaster period. Do not list amounts which will be paid by someone who is not listed above or which will be reimbursed during the disaster period. Eligible expenses may include some of the following:

- Expenses to repair damage to the household's home or other property essential to employment or self-employment of a household member. \$ _____
- Temporary shelter expenses if the home is uninhabitable or the household cannot reach it; \$ _____
- Expenses for moving out of the area which was evacuated due to the disaster; \$ _____
- Expenses related to protection of a home or business from disaster damage; \$ _____
- Medical expenses due to personal injury. \$ _____
- Disaster-related funeral expenses. \$ _____
- Disaster-related pet boarding fees. \$ _____
- Expenses related to replacing necessary personal and household items, such as clothing, appliances, tools and education materials. \$ _____
- Fuel for primary heating source. \$ _____
- Clean-up items expense. \$ _____
- Disaster-damaged vehicle expenses. \$ _____
- Storage expenses. \$ _____

9. a. Is anyone listed above currently getting CalFresh benefits? ☐ YES ☐ NO
If yes, Who? _____ County _____ State _____ Monthly Allotment \$ _____
- b. Did they ask for or get replacement CalFresh benefits for this month? ☐ YES ☐ NO
If yes, how much did they receive or will receive? _____

Computation

A. Anticipated Income (from 6)	\$ _____
B. Accessible Cash Resources (from 7)	\$ _____
C. Total disaster period income = (A+B)	\$ _____
D. Total allowable disaster-related expenses (from 8)	\$ _____
E. Accessible disaster period income = (C-D)	\$ _____
F. Maximum Disaster Income Limit for household size (from Table)	\$ _____

If E is equal to or less than F, the household is eligible.

Eligible: ☐ YES ☐ NO

Allotment

1. Disaster Allotment (from Table)	\$ _____
2. Regular Allotment Already Received	\$ _____
3. Net Disaster Allotment (1-2)	\$ _____

YOUR CERTIFICATION

I certify that I understand the questions on the application and that my household is in need of Disaster CalFresh benefits. I have read the above Penalty Warning (or had it read to me). I authorize the release of any information necessary to determine the accuracy of my eligibility. If I am selected, I will fully cooperate with county, state and federal staff in a review to be conducted after the disaster benefit period. I also understand that I may be required to repay any benefits which are overpaid because I, another adult household member, or the authorized representative reports incorrect or incomplete information.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on my application is true, correct, and complete.

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE)

DATE

WORKER'S SIGNATURE

DATE

WITNESS, IF YOU SIGNED WITH AN "X"

DATE

SUPERVISOR'S SIGNATURE

DATE

FORM FNS-292B (04/11) Previous Editions Obsolete This report is required by Regulations (7CFR, Part 274). The result of the emergency relief operations need to be comprehensive, accurate, and timely. **SBU** Electronic Version Designed in Adobe 9.1 Version

NOTICE OF APPROVAL/DENIAL FOR DISASTER CALFRESH

COUNTY OF _____

Exhibit C

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

- ☐ **Your application for Disaster CalFresh benefits has been approved.** Your certification covers the disaster benefit period from _____ through _____.
Your one time Disaster CalFresh benefit allotment for a household of _____ is _____.
- ☐ **Your application for Disaster CalFresh benefits has been denied because of the following:**
- ☐ You failed to appear for the Disaster CalFresh interview.
 - ☐ You did not live or work in the disaster area at the time of the disaster.
 - ☐ Your income and resources exceed the income and resource limits for the Disaster CalFresh Program.
 - ☐ Other _____

The table below shows how we calculated the Disaster CalFresh benefit for your household. We used the information you gave us on the Application for Disaster CalFresh (DFA 385) to determine your household's Disaster CalFresh benefit amount.

Disaster CalFresh Benefit Calculation:		
a. Anticipated Income	\$	
b. Accessible Cash Resources	(+)	
c. Total disaster period income = (a+b)	(=)	
d. Total allowable disaster related expenses	(-)	
e. Accessible disaster period income = (c-d)	(=)	
f. Maximum Disaster Income Limit for Household size (use Information from Disaster Table)		Household size:
If (e) is equal to or less than (f), the household is eligible.		
g. Disaster Allotment (from Disaster Table)		
h. Regular allotment already received (if any)	(-)	
i. Net disaster allotment (g-h)	(=)	

Rules: These rules apply. MPP 63-900
You may review them at your welfare office.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh (Food Stamps)
☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- ☐ Cash Aid ☐ CalFresh (Food Stamps) ☐ Medi-Cal
☐ Other (list) _____

Here's Why: _____

- ☐ If you need more space, check here and add a page.
☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED _____

BIRTH DATE _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

NAME OF PERSON COMPLETING THIS FORM _____ PHONE NUMBER _____

- ☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Exhibit D

**REPLACEMENT AFFIDAVIT/AUTHORIZATION
(CF 303)**

Instructions: In Part A check which box(es) apply to you, sign and return this form within 10 days of your reported loss or no replacement can be made.

PART A - HOUSEHOLD AFFIDAVIT

I, _____
declare that the household:

Electronic Benefits Transfer (EBT) card was not received in the mail at the address below and the benefits have been transacted by an unauthorized person:

Mailing Address (Number, Street, P.O. Box)

City State Zip

Home Address (If Different) (Number, Street)

City State Zip

- ☐ EBT card was reported lost/stolen to the county or to EBT hotline and the county, or the EBT hotline failed to cancel the EBT card and the benefits have been transacted by an unauthorized person.

Reported on _____ at _____
DATE TIME

to _____

- ☐ Food destroyed in household misfortune or disaster. What happened and when:

I declare the above statement is true and correct to the best of my knowledge. I also understand that if I give wrong or incomplete facts I may be disqualified from the CalFresh Program, fined, imprisoned, or all three.

SIGNATURE OF RESPONSIBLE HOUSEHOLD MEMBER OR REPRESENTATIVE (WHO GOT REPLACEMENT) DATE



COUNTY USE ONLY

Case Name:
Case Number:
Worker:
Date CF 303 Received:

PART B - REPLACEMENT BENEFITS

☐ APPROVED - EBT Replacement Date _____

☐ EBT: Authorized Replacement Amount \$ _____

☐ DENIED - Reason for Denial (Explain)

SIGNATURE (PERSON AUTHORIZING OR DENYING REQUEST) DATE

PART C - ACKNOWLEDGEMENT OF RECEIPT (OVER THE COUNTER)

RECEIVED BY: _____ DATE

Rules: These rules may apply and you may review at your welfare office MPP 16-515.

Key County Disaster CalFresh Contact Information

Exhibit A

County	First Name	Last Name	Title/Position	E-mail address	Telephone
Alameda	Danielle	Flewellen	CalFresh Program Specialist	DAFlewellen@acgov.org	(510) 259-3825
Alameda	Fina	Perez	Supervising Program Specialist	FinaPerez@acgov.org	(510) 259-3804
Alpine	Gabriel	Chavann	D-CalFresh Coordinator/ICW II	gchavarin@alpinecountyca.gov	(530) 694-2235 x231
Alpine	Carrie	Landvater	Back-up Coordinator	clandvater@alpinecountyca.gov	(530) 694-2235 (need ext)
Anador	Judy	Brown	D-CalFresh Coordinator	jbrown@amadorgov.org	(209) 223-6611
Butte	Lamisse	Hirtel	Administrative Analyst Sr.	lhirtel@buttecounty.net	(530) 879-3447
Butte	Chrissy	Roles	Program Manager	CRoles@buttecounty.net	(530) 538-3720
Butte	Dianna	George	Administrative Analyst	dgeorge@buttecounty.net	(530) 879-3522
Butte	Rosalie	Sanz	Program Manager	rsanz@buttecounty.net	(530) 538-7152
Calaveras	Connie		D-CalFresh Coordinator	cmclain@co.calaveras.ca.us	(209) 754-6447
Calaveras	Kathy		Eligibility Program Manager	khoulie@co.calaveras.ca.us	(209) 754-6851
Calaveras	Christine	McKeehan	Dept. Emergency Coordinator	cmckeehan@co.calaveras.ca.us	(209) 754-6925
Colusa	Leslie	Culp	Program Manager- Primary	leslie.culp@colusadhs.org	(530) 458-0867
Colusa	Alexandra	Elguez	Human Services Supervisor	aelguez@countyofcolusa.org	(530) 458-0262
Contra Costa	Audry	Gonsalvez	D-CalFresh Coordinator	agonsalvez@ehsd.cccounty.us	(925) 313-1641
Contra Costa	Cheryl	O'Brien	CF Program Manager - Back-up	cobrien@ehsd.cccounty.us	(925) 313-1621
Del Norte	Fred	Love	Staff Services Analyst	fllove@co.del-norte.ca.us	(707) 464-3191 ext. 2620
Del Norte	Carmen	Fong-Chavez	Program Manager	cchavez@co.del-norte.ca.us	(707) 464-3191 x2600

Key County Disaster CalFresh Contact Information

El Dorado	Dianne	Faiferek	D-CalFresh Coordinator	dianne.faiferek@edcgov.us	(530) 642-7179
El Dorado	Machelle	Rae	Program Manager	machelle.rae@edcgov.us	(530) 642-7246
El Dorado	Debbie	Stark	Program Manager	debbie.stark@edcgov.us	(530) 642-7325
El Dorado	Kay	Kion	Eligibility Supervisor	kay.kion@edcgov.us	(530) 642-7302
El Dorado	Patty	Moley	Program Manager	patty.moley@edcgov.us	(530) 642-4806
Fresno	Shannon	Welsh-Allen	CalFresh Program Specialist	shwelsh@co.fresno.ca.us	(559) 600-2345
Fresno	Martha	Jue	CalFresh Program Supervisor	Mjue@co.fresno.ca.us	(559) 456-6791
Fresno	Peter	Vue	CalFresh Program Mgr	pvue@co.fresno.ca.us	(559) 454-2565
Fresno	David	Cannon	CalFresh Program Mgr	dcannon@co.fresno.ca.us	(559) 253-9101
Glenn	Becky	Hansen	CalFresh Program Mgr Supv Fraud Investigator- Back-up	bhansen@hira.co.glenn.ca.us	(530) 865-6104
Glenn	Ernie	Peters	up	epeters@hira.co.glenn.ca.us	530-934-1419
Glenn	Dan	Green	Staff Services Specialist	dgreen@hira.co.glenn.ca.us	530-934-1496
Humboldt	Mandy	Gentle-Stiles	D-CalFresh Coordinator	mgentle-stiles@co.humboldt.ca.us	(707) 268-2787
Humboldt	Steve	Homer	Back-up	shomer@co.humboldt.ca.us	(707) 388-6335
Imperial	Charles	Cruz	Program Manager	charliecruz@co.imperial.ca.us	(760) 337-7462
Imperial	Devin	Anderson	Program Manager	devinanderson@co.imperial.ca.us	(760) 337-7823
Imperial	Hilda	Baeza	Program Manager	hildabaeza@co.imperial.ca.us	(760) 337-5064
Inyo	Becky	Allen	Human Services Supervisor Social Services Program	ballen@inyocounty.us	(760) 872-1394
Inyo	Marilyn	Mann	Director		
Kern	Dena	Murphy	Interim Director	nmurphyd@co.kern.ca.us	(661) 631-6646
Kern	Debbie	Davis	Human Resource Manager	davidd@co.kern.ca.us	(661) 633-7373

Key County Disaster CalFresh Contact Information

Kern	Pam	Holiwell	Assistant Director	holiwe@co.kern.ca.us	(661) 631-6136
Kings	Brandon	Moreno	Program Specialist-Primary Contact	brandon.moreno@co.kings.ca.us	(559) 852-2232
Kings	Antoinette	Gonzales	Program Manager	antoinette.gonzales@co.kings.ca.us	(559) 852-4280
Lake	John	Geib	CalFresh Program Analyst-Primary	jgeib@dss.co.lake.ca.us	(707) 995-4231
Lake	Rachael	Jorgenson	Supervising Staff Services Analyst	rjorgenson@dss.co.lake.ca.us	(707) 995-4365
Lassen	Debi	Bush	Office Assistant	Dbush@co.lassen.ca.us	530-251-8154
Los Angeles	Estela	Barrera		estelabarrera@dpss.lacounty.gov	
Madera	Heidi	Sonzena	Program Manager	heidi.sonzena@co.madera.ca.us	(559) 662-8361
Madera	Cindy	Chandler	Program Manager	cindy.chandler@co.madera.ca.us	(559) 675-2336
Marin	Ronna	Buccelli	Elig Program Manager	rbuccelli@marincounty.org	(415) 473-3503
Marin	Martin	Graff	Social Service Prg Manager II	mgraffe@marincounty.org	(415) 473-6733
Mariposa	Ruth	Poole	Program Manager- Primary	rpoole@mariposahsc.org	209-742-0913
Mariposa	Nancy	Bell	Deputy Director Back-up Coordinator	nbell@mariposahsc.org	209-742-0919
Mendocino	Rosemary	Martin Del Campo	EFAS Program Manager-Primary	martind@co.mendocino.ca.us	707-463-7875
Mendocino	Laura	Cameron	Program Administrator	cameronl@co.mendocino.ca.us	(707) 463-7858

Key County Disaster CalFresh Contact Information

Merced	John	Palm	Program Manager- Primary	jpalm@hsa.co.merced.ca.us		209-385-3000 ext 5650
Merced	Lupe	Cisneros	Staff Services Analyst II - Back-up Coordinator	lcisneros@hsa.co.merced.ca.us		209-385-3000 ext 5301
Modoc	Patty	Shirk???				
Modoc						
Mono	Marlo	Preis	D-CalFresh Coordinator	mpreis@mono.ca.gov		(760) 924-1793
Mono	Francie	Avitia	Program Manager	favitia@mono.ca.gov		(760) 873-3904
Monterey	Christine	Alvarez	D-CalFresh Coordinator	alvarezlc@co.monterey.ca.us		(831) 796-1544
Napa	Allison	Muller	D-CalFresh Coordinator	allison.mueller@countyofnapa.org		(707) 253-6180
Napa	Darlene	Washburn	Self-Sufficiency Manager	darlene.washburn@countyofnapa.org		(707) 253-4468
Nevada	Sara	Connor	CalFresh Program Manager	sara.connor@co.nevada.ca.us		(530) 265-7195
Nevada	Mike	Dent	Director - Back-up	mike.dent@co.nevada.ca.us		(530) 265-1410
Orange	Estera	Heiberger	Primary Disaster Contact	Estera.Heiberger@ssa.ocgov.com		(714) 541-7406
Orange	Cindy	Samson	Program Manager	cindy.samson@ssa.ocgov.com		(714) 541-7762
Orange	Ramon	Cordova	Back-up Coordinator	ramon.cordova@ssa.ocgov.com		(714) 541-7434
Placer	Linda	Zelhart	Program Manager- Primary	lzelhart@placer.ca.gov		(916) 784-6117
Placer	Greg	Geisler	Program Manager	ggeisler@placer.ca.gov		(530) 889 7617
Plumas	Karen	Hayden	D-CalFresh Coordinator	karenhayden@countyofplumas.com		(530) 283-6474

Key County Disaster CalFresh Contact Information

Plumas	Neal	Caiazzo	Program Manager-Back-up Coordinator	nealcaiazzo@countyofplumas.com	(530) 283-6276
Plumas	Pat	Leslie	Principal Staff Services Analyst & Fiscal Manager	patleslie@countyofplumas.com	530-283-6460
Plumas	Frank	Richardson	Fraud Investigator	frankrichardson@countyofplumas.com	530-283-6354
Plumas	Leslie	Mohawk	Assistance Director	lesliemohawk@countyofplumas.com	530-283-6473
Plumas	Elliott	Smart	Director	elliottsmart@countyofplumas.com	(530) 283-6463
Riverside	Robin	Zeno-Jackson	D-CalFresh Coordinator	ROZENOA@riversidedpss.org	(951) 358-4994
Riverside	Kasey	Rogers	Supv. Program Specialist	karogers@riversidedpss.org	(951) 358-4991
Sacramento	Rhonda	Noller	HS Program Planner-D-CF CalFresh Coordinator	nollerr@saccounty.net	(916) 875-3525
Sacramento	Vicki	O'Brien	Back-up Coordinator	obrieniv@saccounty.net	(916) 875-3745
San Benito	Lorena	Jones		ljones@cosb.us	
San Bernardino	Maria C	Contreras	D-CalFresh Coordinator	contrerasm@hss.sbcounty.gov	(909) 383-9704
San Bernardino	Illeana	Santiago	D-CalFresh 1st Responder/Team Lead	santiagoi@hsssbcounty.gov	(909) 421-3204
San Diego	Deanna	Helenihi	D-CalFresh Coordinator	deanna.helenihi@sdcounty.ca.gov	(619) 338-2726
San Diego	Orlando	Arguello	Back-up Coordinator	orlando.arguello@sdcounty.ca.gov	(619) 338-2964
San Francisco	Leo	O'Farrell	CalFresh Program Director-Primary	leo.o'farrell@sfgov.org	(415) 558-1157
San Francisco	Randy	Mano	CalFresh Tech Writer	randy.mano@sfgov.org	(415) 558 4128

Key County Disaster CalFresh Contact Information

San Joaquin	Jill	Fritchen	CalFresh Program Manager	jfritchen@sjcoe.net	(209) 468-1155
San Luis					
Obispos	Suzanne	Garcia	Program Manager - Primary	sgarcia@co.slo.ca.us	(805) 781-1895
San Luis Obispos	Debbie	Aiello	Division Manager - Back-up	daIELlo@co.slo.ca.us	(805) 781-1836
San Mateo	Lesly	Randolph	CalFresh Program Specialist	lrandolph@co.sanmateo.ca.us	(650) 802-7562
San Mateo	Nancy	Rodriguez	Management Analyst	nrodriguez@co.sanmateo.ca.us	(650) 802-6423
Santa Barbara	Eloise	Aguillon	D-CalFresh Coordinator	e.aguillon@sbcsocialserv.org	(805) 346-8213
Santa Barbara	Margery	Gallegos	CalFresh Supervisor- Back-up Coordinator	M.Gallegos@SBCsocialserv.org	805-346-8222
Santa Clara	Michelle	Demetrius	D-CalFresh Coordinator	michelle.demetrius@ssa.scgov.org	(408) 755-7540
Santa Clara			Back-up Vacant		
Santa Cruz	Lainie	Gray	D-CalFresh Coordinator	lainie.gray@hsd.co.santa-cruz.ca.us	(831) 763-8764
Santa Cruz	Jim	Dale	CalFresh Analyst/Backup		(831) 454-4578
Shasta	Kari	Hallstrom	D-CalFresh Coordinator	khallstrom@co.shasta.ca.us	530-245-7653
Shasta	Sandee	Zempel	Back-up Coordinator	szempel@co.shasta.ca.us	530-225-5733
Sierra	Lori	McGee	D-CalFresh Coordinator	lmcgee@sierracounty.ca.gov	(530) 993-6725
Sierra	Tamara	Powers	ICW/Back-up Coordinator	tpowers@sierracounty.ca.gov	(530) 993-6724
Siskiyou	Patricia	Barbieri	Program Manager -Primary	tbarbieri@co.siskiyou.ca.us	(530) 841-2754
Siskiyou	Kelly	Larivee	Back-up Coordinator	klarivee@co.siskiyou.ca.us	(530) 841-2717

Key County Disaster CalFresh Contact Information

Solano	Juanita	McCord-Fleming	D-CalFresh Coordinator	jimmccord-fleming@solanocounty.com	(707) 784-3807
Solano			Vacant Back-up		
Sonoma	Shaydra	Ennis	D-CalFresh Coordinator	sennis@schsd.org	(707) 565-2524
Sonoma			Back-up Coordinator		
Stanislaus	Teresa	Baker	Manager III	bakertstancounty.com	(209) 664-8144
Stanislaus	Maria	DeAnda	D-CalFresh Coordinator	deandam@stancounty.com	(209) 558-2671
			Supervising Staff Services Analyst- D-CalFresh Coordinator??		
Sutter	Laura	Steffens		LSteffens@co.sutter.ca.us	530-822-4411 X366
Sutter	David	Nagra	Program Manager	DSNagra@co.sutter.ca.us	(530) 822-4411 X210
Tehama	Laurie	Nelson	D-CalFresh Coordinator	lnelson@tcdss.org	(530) 528-4116
Tehama	Melissa	Heffley	Program Manager	mheffley@tcdss.org	(530) 528-4109
Trinity	Morgan	Talkington	Eligibility Supervisor- D-CalFresh Coordinator	mtalkington@trinitycounty.org	530-598-1065 office/530-623-8247 secondary
Trinity	Tabitha	Albers	Back-up	talbers@trinitycounty.org	(530) 623-8245
Tulare	Idalia	Gonzalez	D-CalFresh Coordinator	lgonzale@tularehhsa.org	(559) 623-0142
Tulare	Mindy	Balaam	Unit Manager- Back-up Coordinator	MBalaam@tularehhsa.org	(559) 623-0121
Tuolumne	Rebecca	Espino	CalFresh Program Manager	respino@co.tuolumne.ca.us	209-533-5746
Tuolumne	Amy	Arndt	D-CalFresh Coordinator	aarndt@co.tuolumne.ca.us	(209) 533-5793

Key County Disaster CalFresh Contact Information

[illegible]

Consortia Representative List
CA Disaster CalFresh State Plan
Updated June 19, 2014
SAWS Unit

Exhibit F

Name, Phone and Fax	Mailing Address	E-mail
CalWIN		
Hail Reyes, Deputy Director Tel: (916) 608-3357	WCDS CalWIN Project 950 Iron Point Road, Ste 160 Folsom, CA 95630	Hail.Reyes@calwin.org
Jeffrey N. Purificacion, CalWIN Liaison Tel: (916) 608-3348	WCDS CalWIN Project 950 Iron Point Road, Ste 160 Folsom, CA 95630	jeff.purificacion@calwin.org
Stacey Drohan, Executive Assistant Tel: (916) 608-3367	WCDS CalWIN Project 950 Iron Point Road, Ste. 110 Folsom, CA 95630	Stacey.Drohan@calwin.org
C-IV		
Karen Raponotti, C-IV Acting Project Director (916) 851-3208	C-IV Project 11290 Pyrites Way, Suite 150 Rancho Cordova, CA 95670	raponottikj@ci-v.org
Michele Peterson, Business Analyst (916) 851-3332	C-IV Project 11290 Pyrites Way, Suite 150 Rancho Cordova, CA 95670	PetersonM@c-iv.org
LEADER		
Hayward Gee, Senior Information Technology Manager Tel: (562) 484-7801 Fax: (562) 398-4952	LEADER Project 12440 Imperial Highway 3rd Flr Norwalk, CA 90650	haywardgee@dpss.lacounty.gov
Vat Om, Information Systems Support Tel: (562) 484-7803	LEADER Project 12440 Imperial Highway 3rd Flr Norwalk, CA 90650	VatOm@dpss.lacounty.gov

<p>Michael Sylvester II, Assistant Director Tel: (562) 484-7810</p>	<p>LEADER Project 12440 Imperial Highway 3rd Flr Norwalk, CA 90650</p>	<p><u>MichaelSylvester@dpss.lacounty.gov</u></p>
<p>Laura Chavez, Information Technology Manager Tel: (562) 484-7812 Fax: (562) 864-7950</p>	<p>LEADER Project 12440 Imperial Highway 3rd Flr Norwalk, CA 90650</p>	<p><u>LauraChavez@dpss.lacounty.gov</u></p>
<p>Dorothy Avila, Information Technology Manager II Tel: (562) 484-7810 Fax: (562) 398-4952</p>	<p>LEADER Project 12440 Imperial Highway 3rd Flr Norwalk, CA 90650</p>	<p><u>Dorothyavila@dpss.lacounty.gov</u></p>
<p>Lyric Nash, HSA Tel: (562) 484-7920 Fax: (562) 398-4952</p>	<p>LEADER Project 12440 Imperial Highway 3rd Flr Norwalk, CA 90650</p>	<p><u>lyricnash@dpss.lacounty.gov</u></p>

Exhibit G

Note: If additional counties are added, the formulas in Location & Program Totals will need to be adjusted												
DISASTER LOCATION:	Date	New Apps Taken	New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
			Households	Persons	Total Benefits			Households	Persons	Total Benefits		
Program TOTAL:			0	0	\$0	0		0	0	\$0		\$0
Location TOTAL:		0	0	0	0			0	0	0.00		0

Note: If additional counties are added, the formulas in Location & Program Totals will need to be adjusted												
DISASTER LOCATION:	Date	New Apps Taken	New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
			Households	Persons	Total Benefits			Households	Persons	Total Benefits		
Program TOTAL:			0	0	\$0	0		0	0	\$0		\$0
Location TOTAL:		0	0	0	0			0	0	0.00		0

[illegible][illegible]

Location TOTAL:		0	0	0	0				0	0			0.00						0	

SNAP Pandemic Planning Guidelines

In December 2007, the Food and Nutrition Service (FNS) first transmitted guidelines for the operation of key nutrition programs during an influenza pandemic. In 2009, FNS provided an updated memo on Pandemic Influenza Planning information. This update transmits our current SNAP Pandemic Planning Guidelines.

During a pandemic, State agencies will need to deliver SNAP services under a combination of conditions unlike those of any other disaster. Since Disaster SNAP is likely not to be a pandemic response option, State SNAP agencies should work within their agency and with State-level pandemic planning authorities to update their pandemic plans to determine how to best meet the food needs of low-income populations impacted by the pandemic.

State agencies should also assess their business practices and technology to ensure that systems are capable of functioning in the most efficient manner possible. State agencies should begin assessing their organizational needs and making necessary changes soon to ensure readiness for any severe pandemic conditions that occur in the short term.

State SNAP agencies still must ensure the continuity of and safe access to their programs during severe pandemic conditions or periods of social distancing. Should the pandemic be severe or prolonged, there may be an increase in demand for SNAP benefits due to household income loss due to illness or unemployment resulting from the pandemic. State or local agencies may be called upon to operate SNAP with reduced or no face-to-face contact in order to reduce disease transmission.

The tables that follow provide information and resources that should be helpful to State agencies as they begin or continue the work of SNAP-related pandemic planning.

Updating Your State's Pandemic Plan

Not all State pandemic plans currently contain procedures for nutrition assistance delivery during a severe pandemic. State agencies are encouraged to work with State pandemic planners to understand the conditions and constraints under which SNAP may need to be delivered and to learn of non-SNAP nutrition solutions that may complement your program for households in need. The resources below specifically refer to influenza pandemics. In the case of a non-influenza related pandemic, the information should be adjusted accordingly for specific situations.

Actions	Resource
Obtain copy	www.pandemicflu.gov/professional/states/stateplans.html
Obtain contact information for State-level planning leadership	See www.pandemicflu.gov/professional/states/index.html#contacts and click on your State on the national map.
Find information on ongoing State-level planning activities	See www.pandemicflu.gov/professional/states/index.html#contacts and click on your State on the national map.
Understand the environment in which you may operate SNAP	<i>The use of social distancing</i> <ul style="list-style-type: none"> - What conditions will trigger the use of social distancing in your State? - How long will periods of social distancing be expected to last in your State? - What social distancing principles must you adopt for your own workplace?
	<i>State plans to distribute food to needy households</i> <ul style="list-style-type: none"> - How will food banks and pantries in your State deliver services during severe pandemic conditions? - Does your State plan to operate a Summer Food Service program to ensure that children who qualify for free or reduced-price school meals continue to have access to adequate nutrition?
	<i>Grocery store operation</i> <ul style="list-style-type: none"> - What adaptive measures are planned by grocers in your State? These might include drive through service, home delivery, and internet or phone orders.

Policy Flexibilities

State agencies do not need to wait for severe pandemic conditions to make use of the following policy flexibilities. All are useful for improving program efficiency and access at any time.

Requirement	Summary	Regulation
Interviews	<ul style="list-style-type: none"> - Substitute telephone interviews for face-to-face interviews. - With an approved waiver, waive the recertification interview for elderly or disabled households with no earned income, although the State may not deny eligibility without an interview. - With an approved waiver, postpone the interview requirement for households eligible for expedited service. 	7 CFR 273.2(e)(2)
Application Filing	Allow clients to file applications by internet, mail or telephone.	7 CFR 273.2(c)(1)
Certification Periods	Use maximum allowable certification periods: 24 months for households in which all adult members are elderly or disabled, 12 months for all other households.	7 CFR 273.10(f)
Verification	Eliminate verification of items that are not required by Federal regulations.	7 CFR 273.2(f)
Issuance and Redemption	Allow participants to use the phone, fax, or internet to pre-order items.	
	Work with retailers to plan "drive-through" service at stores to avoid contact with others. Drive-through service necessitates the use of handheld EBT readers.	
	Work with retailers to gain internet-based food ordering and home grocery delivery service.	
	Partner with home meal delivery programs, such as <i>Meals on Wheels</i> -style services, for benefit delivery using the manual voucher process.	

Business Process and Technology Assessment

State agencies readying their operations for reduced or no face-to-face contact should consider at least the following process and technological issues.

	Question
Mail	Can your mailed application system (mailroom, mail distribution, key entry of application data) accommodate the anticipated volume of paper applications?
Telephone	<ul style="list-style-type: none"> - What volume of incoming and outgoing calls can your telephone system accommodate? - What happens when the system is overloaded? Do callers get a hold message, busy signal, or are they disconnected? Can they leave a message and receive a call back? - Do you have a staff person answering the main line or automation that will allow clients to proceed to their intended destination without having a bottleneck at a reception? - Do you have call center software that allows you to track calls and distribute calls to staff? - Do you have the capacity for automated calls to clients to give them information about changes to policy (like extended certification periods) so that they will not need to contact you? - Can you obtain or develop voice signature technology so that applicants can file their applications by phone?
Internet	<ul style="list-style-type: none"> - Do you have a web-based application for clients? - Do you have manual or automated distribution of received web-based applications to workers? - Do your servers have the capacity to handle increased web traffic?
Staffing	<ul style="list-style-type: none"> - Estimate what percent of your community's workforce will be absent from work during various stages of the pandemic. See http://www.cdc.gov/flu/pandemic-resources/tools/fluworkloss.htm for an online tool. - Which administrative or technical activities are non-urgent and can be postponed until after the pandemic has ended? - How will you train staff that will temporarily transition from non-urgent tasks to essential ones? - Do you have work-at-home technology or policies that will allow your staff to continue to operate the SNAP remotely?
Issuance	<ul style="list-style-type: none"> - Can you provide centralized mail issuance of EBT cards if you don't already? - Do you have enough EBT cards on hand to accommodate a potential increase in caseload?

	<i>Question</i>
	<ul style="list-style-type: none"> - Have you considered pre-pinning EBT cards so that the number of calls to the customer call center is reduced? - Will grocers need hand held EBT card readers to accommodate drive-through service or will manual vouchers suffice? If manual vouchers are used, is there an adequate supply already available to grocers or could new supplies be generated quickly and in grocers' hands to use for drive-through or delivery sales? - Will grocers in your area allow for internet-based food ordering and home grocery delivery with the use of a SNAP EBT debit card (without the entry of a PIN)? Currently, the commercial industry does not support the use of debit card payment over the internet when PIN-entry is required, but grocers can use manual vouchers, which allow a signature to substitute for a PIN.

Additional Pandemic Flu Resources

State agencies should find these Federal resources helpful as they update their pandemic plans.

Resource	Source	Purpose
www.Flu.gov	U.S. Department of Health and Human Services	State-by-State pandemic flu planning guidance for the workplace, the community, and individuals. Checklists, guides, copies of State plans, State-level contacts, and more.
www.cdc.gov/flu/tools/fluworkloss/	Centers for Disease Control	FluWorkLoss estimates the potential number of days lost from work due to an influenza pandemic. Users can change almost any input value, such as the number of workdays assumed lost when a worker becomes ill or the number of workdays lost due to a worker staying home to care for a family member. Users can also change the length and virulence of the pandemic so that a range of possible impacts can be estimated. FluWorkLoss provides a range of estimates of total workdays lost, as well as graphic illustrations of the workdays lost by week and percentage of total workdays lost to influenza-related illnesses.
http://www.nfid.org/idinfo/influenza/flu-at-work.pdf	Centers for Disease Control	Information on how to reduce the flu at work.
www.cdc.gov/flu/workplace/	Centers for Disease Control	Workplace posters, flyers, and online info for employee use.
http://training.fema.gov/EMLWeb/IS/is520.asp	FEMA	Interactive web-based course that introduces learners to the steps their organizations can take to minimize the effects of a pandemic.



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

May 6, 2015

ALL COUNTY INFORMATION NOTICE NO. I-37-15

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL CONSORTIUM PROJECT MANAGERS
ALL QUALITY CONTROL PROGRAM COORDINATORS
ALL DISASTER CALFRESH PROGRAM COORDINATORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL ELETRONIC BENEFIT TRANSFER (EBT) COORDINATORS

SUBJECT: FEDERAL FISCAL YEAR 2016 COUNTY DISASTER CALFRESH PLANS

The purpose of this letter is to inform counties that their Federal Fiscal Year (FFY) 2016 County Disaster CalFresh (D-CalFresh) Plans are due to the California Department of Social Services (CDSS) by June, 2015. County disaster plans are intended to be an internal guide for county staff for use in the event of a natural or man-made disaster.

In order to streamline the process of approving disaster plans counties should only submit updates to their existing plans. Counties can submit updates by highlighting the changes in their disaster plan and listing the changes on the cover sheet.

For those counties who haven't submitted D-CalFresh plans in the most recent past, please read and follow the plan guidance and instructions below.

Disaster CalFresh Plans

Counties must ensure their disaster plans provide detailed information regarding the following components: (1) roles and responsibilities of county staff and their back-ups, (2) a readiness plan, (3) an implementation plan, and (4) general certification processes required in the event of a disaster, including certification processes required during a pandemic flu outbreak. The plans should also address staffing and resources unique to the county's geographic circumstances. To access the United States Department of Agriculture, Food and Nutrition (FNS) disaster template counties can click on the FNS link found at the end of this All County Information Notice (ACIN).

County Roles and Responsibilities

- The disaster plan should provide a list of key local, state, and federal personnel, including their contact information (such as phone numbers and e-mail addresses), and a description of their roles during a disaster.
- List of names, positions, phone numbers and e-mail address of county local, state and federal agency lead personnel/officials and their back-ups.

County Readiness Plan

The County Readiness plan should:

- Identify private disaster relief agencies, community or civic organizations, private businesses, and volunteer groups (such as American Red Cross, Salvation Army, etc.), and describe their role in the implementation of D-CalFresh.
- Identify staffing and related resources available to assist during a disaster and how that staff will be mobilized to the disaster area. Counties should include any agreements in place that allow for sharing information, resources, and staff across county lines.
- Describe application systems to be used for D-CalFresh client application, including any workarounds to the regular CalFresh system and any workarounds for the issuance of benefits in a non-federally declared disaster.
- Identify Electronic Benefit Transfer (EBT) card stock available, type of cards to be used, steps and timeline for ordering additional cards, and any special procedures or resources that will be needed to meet ongoing CalFresh and D-CalFresh issuance timeframes. More information can be found in the D-SNAP Guidance under the "EBT issuance" section.

* Please note that the "Excessive Card Replacement Process" specified in CDSS All County Letter (ACL) 13-53, does not apply in a D-CalFresh circumstance.

- Identify general demographic data that can help the agency tailor its response to a disaster. Identify resources for disaster impact data, including preliminary data assessments, flood maps, or electrical outage data.

County Implementation Plan

This County Implementation plan should:

- Describe the public information strategy to ensure that timely and accurate information reaches those in need.

- Outline steps counties will take to reduce hardships for D-CalFresh applicants and the ongoing caseload, including provisions for security, human needs, language services, etc.
- Describe the specifics of the certification process, including potential application sites, staffing, separation of eligibility and issuance, and how application sites will manage large crowds. If on-line applications are to be used by workers or clients, describe the process and back-up systems in place if technical issues are encountered.
- Include recipient application and client notices.
- Describe how the county will ensure security and mitigate the risk of fraud, including 1) a specific plan for handling applications submitted by county employees, 2) procedures for handling questionable applications, and 3) processes for checking all household members for duplicate participation.
- Describe procedures to ensure that required federal reporting and the post-disaster review report will be complete and timely.

CDSS encourages counties to access the following FNS website for additional information on developing a disaster plan: <http://www.fns.usda.gov/disaster/disaster-snap-guidance> .

A copy of the above mentioned template is included in this ACIN and is strictly for informational purposes. Counties will receive a Microsoft Word version of the template for actual use in preparing their plans. The Microsoft Word version of the template will be e-mailed to counties immediately following issuance of this ACIN. Counties should inform CDSS immediately if they did not receive a Microsoft Word version of the plan template. Those counties that did not receive an e-mailed version of the template should e-mail updated contact information to the following CDSS Disaster CalFresh e-mail address at: DisasterCalFresh@dss.ca.gov . The contact information should include the name, title, address, telephone number, fax, and e-mail address of the individual who will be responsible for preparing the disaster plan.

Please forward an electronic copy of your D-CalFresh plan in Microsoft Word to the following CDSS e-mail address at: DisasterCalFresh@dss.ca.gov as soon as your plan is completed.

All County Information Notice No. I-37-15
Page Three

If you have any questions regarding this letter, please contact your CalFresh county consultant or call the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

Original Document Signed By:

RYAN FRUCHTENICHT, Acting Branch Chief
CalFresh Branch

Attachment



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

May 18, 2015

ERRATA

ALL COUNTY INFORMATION NOTICE NO. I-37-15E

TO: ALL COUNTY WELFARE DIRECTORS
ALL CONSORTIUM PROJECT MANAGERS
ALL QUALITY CONTROL PROGRAM COORDINATORS
ALL DISASTER CALFRESH PROGRAM COORDINATORS
ALL CALFRESH PROGRAM SPECIALISTS
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All County Information Notice No. I-37-15E
Page Three

If you have any questions regarding this letter, please contact your CalFresh county consultant or call the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

Original Document Signed By:

RYAN FRUCHTENICHT, Acting Branch Chief
CalFresh Branch

Attachment

Master List of EBT/Retailer-related Disaster Waivers

Act/Regulation/Policy Area	Food and Nutrition Act of 2008/Stafford Act	Regulation	Policy	Description	IA Declaration Needed?
1. Hot Foods	Section 412 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act and Sections 3(k)(1) of the Food and Nutrition Act of 2008, as amended.	7 CFR 271.2		This waives the mandate in the Food and Nutrition Act of 2008 that hot food purchases with SNAP benefits are ineligible. Retail food stores licensed by FNS to accept SNAP benefits in designated disaster areas can accept SNAP/EBT benefits from any SNAP customers in exchange for hot foods. No sales tax can be charged during the effective period. This waiver can be requested on a statewide or county by county basis. <i>Note: FNS does not have the authority under the Stafford Act to grant this waiver until a Presidential declaration for individual assistance has been given. FNS can extend the waiver to areas outside the individual assistance area(s), if the State has indicated that recipients within the immediate disaster areas have been displaced or temporarily relocated to other parts of the State.</i>	Yes
2. Card Not Present During Key-Entered Transactions			April 3, 2001 (Index No. BRD/EBT 2001-1)	This relaxes the requirement that an EBT card be present during a key-entered, SNAP transaction. Displaced residents of disaster areas can shop without their EBT cards, but they will need to know their card number and PIN. Residents may call either their State office or the EBT contractor helpdesk if they have lost their card and do not remember their card number.	No
3. Early Issuance		7 CFR 274.2(d)		This waiver allows a State agency to issue monthly benefits, early, on a county or Statewide basis (i.e., issuance of two months worth of benefits in one month). States' Account Management Agent system entries should be based on the dates benefits are posted and are made available. The FNS 46 and FNS 388 reports, however, should reflect the month the benefits are intended rather than when they are made available.	No

Act/Regulation/ Policy Area	Food and Nutrition Act of 2008/Stafford Act	Regulation	Policy	Description	IA Declaration Needed?
4. Expungement of Disaster Benefits	Section 412 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act and Section 7(h)(12)(C) of the Food and Nutrition Act of 2008, as amended.	7 CFR 274.2 (b)(2)		Section 7(h)(12)(C) of the Food and Nutrition Act of 2008 and EBT regulations at 7 CFR 274.2 (h)(2) require that the State agency expunge benefits that have not been accessed by a household after a period of one year. This waiver allows disaster benefits to be expunged from a household's account after a period of less than one year, usually after each benefit has reached the age of 90 days, regardless of whether that benefit has been accessed by the household within 90 days of issuance or not. <i>*Note: Some States may already have this waiver approved as part of their D-SNAP Plan. Regardless, FNS cannot consider granting this waiver until a disaster actually strikes, because it does not have the proper authority under the Stafford Act to do so until a disaster has occurred.</i>	Yes

Act/Regulation/ Policy Area	Food and Nutrition Act of 2008/Stafford Act	Regulation	Policy	Description	IA Declaration Needed?
5. Stand-in Process		7 CFR 274.8(d)(4)		<p>EBT regulations at 7 CFR 274.8(d)(4) hold retailers liable for EBT purchases not authorized at the time of purchase. This waiver allows FNS to accept this liability, up to a certain limit, per transaction per retailer per day per client. If the client has insufficient funds in their account to cover their transaction, FNS will reimburse the store up to the designated dollar amount once the store obtains authorization.</p> <p><i>*Note: This is an extremely rare waiver and will only be approved in cases of extreme devastation when power and telephones are out and they will be non-operational for a significant amount of time. Also, this waiver does not replace the language typically in place in standard EBT Contracts in which a State's EBT vendor assumes the liability for purchases up to a certain limit when the processor's host system is down.</i></p>	No

Act/Regulation/ Policy Area	Food and Nutrition Act of 2008/Stafford Act	Regulation	Policy	Description	IA Declaration Needed?
6. Timely Household Reporting of Food Loss		7 CFR 274.6(a) and 274.6 (a)(3)		Section 7 CFR 274.6(a) and 274.6 (a)(3) of the SNAP regulations requires that replacement issuances shall be provided to current SNAP recipients only if a household reports a loss of food purchased with SNAP benefits orally or in writing to the State within 10 days of the date the food is destroyed in a household misfortune. This waiver allows the State agency to extend the amount of time households have to report the loss of food purchased with SNAP benefits, beyond the 10 days. Household misfortunes such as mass power outages and floods would qualify under this waiver. <i>*Note: State agencies should provide FNS with estimates for the number of SNAP households that may request replacement benefits and the total expected dollar amount of those replacements at the time of the waiver request.</i>	No
7. Automatic/Mass Replacement of SNAP Benefits		7 CFR 274.6(a)(3) and 274.6(a)(4)		This waiver allows a State agency to replace a portion/percentage of currently certified households' monthly SNAP allotments in a disaster without the requirement that a household request a replacement, individually, and travel to a local office to sign an affidavit of loss. Under this waiver, households will not have the added burden of signing paperwork and local offices will not have to process cases manually for each household needing a benefit replacement. <i>*Note: The replacement percentage is not fixed and generally depends on the time of the month in which the disaster took place as well as the State's issuance schedule.</i>	No

The following options are available to State agencies during a disaster but do not require submission of waiver requests to FNS. If a State agency does execute any of these alternative procedures during a disaster, FNS should be notified of the changes.

Other State Disaster Procedures for Stores/EBT	
1. Increased Voucher Processing Time	Description
	<p>According to the EBT Standard Language Workgroup recommended RFP text for manual authorizations (finalized 09/09/02), "A retailer has 30 calendar days to submit the voucher, either electronically or by paper copy, to complete the transaction." State agencies may wish to allow authorized retailers who are using the standard manual voucher process to have 60 days, instead of 30 days, to clear manual vouchers either via in-store POS machine or by calling the EBT processor.</p>
2. Non-staggered Issuance	
	<p>Section 274.2(d) requires that ongoing households receive their benefits on or about the same date each month. In order to minimize the impact on disaster victims, States with staggered issuance schedules may choose to issue monthly benefits to households at one time, or on a non-staggered basis.</p>

Exhibit K

List of amendments made to the FFY 2016 State of California Disaster CalFresh Plan

- State and Federal Contacts amended to include new staff.
- Under California Drought 2016 - DFAP updated drought information to this section of the disaster plan.